COVID-19 AND HIV UPDATES

NOVEMBER 3, 2021

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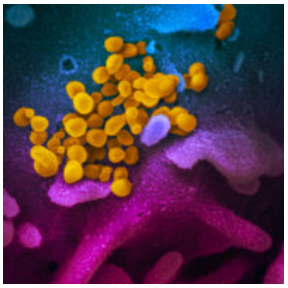


The SARS-CoV-2 virus (NIAID)

Below are East Bay COVID-19 and HIV community updates. This page is usually updated on first and third Wednesdays by Sophy S. Wong, MD and Yamini Oseguera-Bhatnagar, MPH with content from many collaborators. Please click here to share feedback.

VACCINES | TESTING | MASKS | GUIDANCE | SCHOOLS | STUDIES | ARCHIVES

PDF SUMMARY

Jump to:

Please join us on Wednesday 11/10 from 3-4:30pm for our second community training: **Meet them where they're at: Best Practices for HIV Prevention Outreach through Dating/Hook-up Apps,** hosted by David Gonzalez and Xavier Davenport. Register for this workshop here:

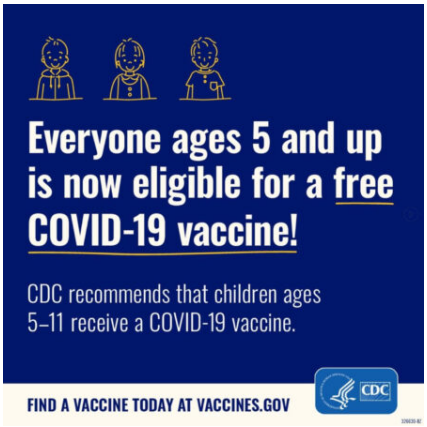
In case you missed us...

- **The substance use workshop** on October 19: download the handouts here.
- **The housing and HIV linkages workshop** on October 28: download the handouts and watch the recording here.

be eligible to receive a GIFT CARD!

KEY EAST BAY COVID-19 UPDATES

1. Vaccine efficacy, boosters and third doses:



- **The CDC recommended the Pfizer vaccine for kids ages 5-11 on November 2**, following FDA authorization and the FDA advisory panel recommendation based on the Pfizer clinical trial data. These endorsements allow the pediatric Pfizer vaccine to be given for the 5-11 age group (more pediatric vaccine info here). Please check pharmacies, pediatrician offices and community health centers for appointments. MyTurn.ca.gov, Kaiser and more providers will open appointments for ages 5-11 on November 4. Not all locations offer the lower-dose Pfizer pediatric vaccinations.
- **J&J, Moderna and Pfizer boosters and third doses for people with immunocompromising conditions are also recommended and available.** This includes boosters for people at risk, such as health care workers.Eligible people may also use the "mix and match" approach and choose which vaccine they receive as a booster dose.
- **Vaccines remain highly effective against severe COVID-19 and death from the delta variant. Our priorities remain vaccinating people not yet vaccinated.** Boosters provide additional protection for people at higher risk.
- Alameda and Contra Costa Counties have fully vaccinated 84% of residents ages 12+. Vaccination rates are lowest among adolescents and young adults despite evidence of safety and high efficacy. Let's get to 90% or higher!

2. New mask and vaccine requirements:

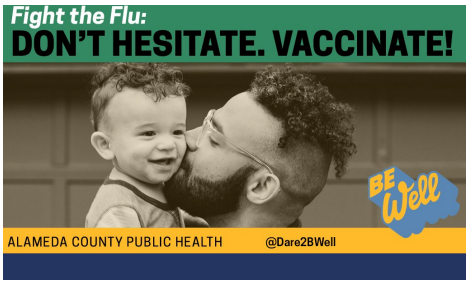
- **Masks:** Starting November 1, Contra Costa County and Alameda County will allow fully vaccinated people to remove masks in certain indoor settings with <100 people where proof of vaccination is verified, such as offices, gyms, fitness centers, regular and consistent organized gatherings, such as religious gatherings. SF has had this policy in place since October 15. On October 7, the Bay Area Health Officers released criteria for lifting indoor mask mandates based on local case, hospitalization and vaccination rates. Marin County is the first and only county to meet these criteria as of November 1, with over 80% of its residents vaccinated, and has lifted its indoor mask requirement in almost all public places.
- **Indoor public venues and vaccines:** Los Angeles approved a vaccine requirement for indoor restaurants, gyms and entertainment venues, which will go into effect in November. Contra Costa and SF Counties and the City of Berkeley implemented similar requirements. Alameda County currently is not discussing this requirement.
- **Schools and vaccines:** Oakland's Board of Education voted 4-3 on October 28 to adopt a policy requiring all students ages 12 and up to be fully vaccinated by January 1 to attend in-person school, similar to the policies in Los Angeles and Piedmont, though more exemptions are allowed.
- **Employers and vaccines:** no new updates since our last newsletter. Please click here to see a summary of requirements previously announced.
- Click here to get your **CA digital vaccine record**.

3. Bay Area pandemic trends

- **COVID case and death rates in the Bay Area and California have increased slightly since mid-October**. Hospitalizations remain manageable in the Bay Area thanks to high vaccination rates and masking.
- **It's still all delta:** The highly contagious, fast-infecting delta variant is still >98% of all variants sequenced in California.
- **A holistic prevention approach with vaccines, masks, testing and other strategies is crucial** for a safer school year, winter season, to get ahead of new variants and get out of this pandemic.

Get your flu vaccine this fall and help us avoid a twindemic! Health care

workers in Alameda County are required to get their annual flu vaccination. Flu vaccine requirements for health care workers are also strongly recommended in Contra Costa County.



You can give/get the flu vaccine at the same time as the COVID-19 vaccine. Here's the updated CDC guidance on that.

Did you or a client test positive for COVID-19 within the last 7-10 days or had a recent high-risk exposure? Free monoclonal antibody treatment and post-exposure prophylaxis is available for people at risk for severe disease. Treatment can help reduce your symptoms and keep you out of the hospital. This treatment is available to all people at high risk regardless of health insurance or immigration status.

Click here to learn more for Alameda County residents, including flyers in multiple languages.

- Click here for self-referrals or provider referrals for Alameda County residents.
- Click here for Contra Costa County residents.

MASK AND VACCINE REQUIREMENT UPDATES

Masks:

Starting November 1, Contra Costa and Alameda Counties will allow fully vaccinated people to remove masks in certain indoor settings with <100 people where proof of vaccination is verified, such as offices, gyms, fitness centers, regular and consistent organized gatherings, such as religious gatherings. Acceptable forms of vaccination proof include the paper CDC COVID-19 vaccine card, a paper or digital copy, or the CA digital vaccine record.

The Bay Area Health Officers released criteria for lifting indoor mask mandates based on local case, hospitalization and vaccination rates. The counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Sonoma, and the City of Berkeley will lift the indoor masking requirement in public spaces (except for K-12 schools, health care facilities, public transit and senior care facilities) when all the following occur:

- The jurisdiction reaches the moderate (yellow) COVID-19 transmission tier, as defined by the Centers for Disease Control and Prevention (CDC), and remains there for at least three weeks; AND
- COVID-19 hospitalizations in the jurisdiction are low and stable, in the judgment of the health officer; AND
- 80% of the jurisdiction's total population is fully vaccinated with two doses of Pfizer or Moderna or one dose of Johnson & Johnson (booster doses not considered) OR Eight weeks have passed since a COVID-19 vaccine has been authorized for emergency use by federal and state authorities for 5- to 11-year-olds.

As of November 1, Marin County is the first and only county to meet these criteria with over 80% of its residents vaccinated, and is lifting its indoor mask requirement in almost all public places starting Monday, November 1. Masks will still be required for people who are unvaccinated, in schools, health care settings, public transportation and other businesses that choose to require masks. In other counties, indoor masking is still required in the Bay Area by Bay Area Health Officers order on August 2, 2021. Health officers say even if mandates are lifted, it won't prevent individual businesses from imposing their own restrictions.

Indoor public venues:

Los Angeles approved a vaccine requirement for indoor restaurants, gyms and entertainment venues, which will go into effect in November.

Contra Costa County implemented a vaccine requirement for indoor restaurants, gyms and entertainment venues starting September 22.

SF and Berkeley have similar requirements in place. Alameda County currently is not discussing this requirement.

Employers:

President Biden's COVID-19 pandemic plan includes requirements for 2/3 of US workers to get vaccinated, including employers with 100+ employees (~80 million workers), 17 million health care workers and federal workers and contractors. At-home rapid COVID antigen tests will be discounted 35%, receive federal funds for increased manufacturing, and Medicaid will be required to cover these tests for free.

Dr. Tomás J. Aragón, California State Health Officer, issued a health order on August 11 requiring all **CA school workers** to get fully vaccinated and provide proof of vaccination or undergo at least weekly COVID-19 testing. On August 10, Oakland Unified School District announced a vaccination requirement for all school district staff, contractors and volunteers, with vaccination or weekly testing required by September 7.

Dr. Aragón released a public health order mandating vaccinations on July 26 for all **state employees and all workers in homeless shelters, retirement homes, jails and prisons.** Workers in these settings are required to show proof of vaccination or agree to mask and wear PPE and test at least weekly.

Health care facilities and workers:

Hospitals, skilled nursing facilities, and intermediate care facilities are required to verify that visitors are fully vaccinated or have tested negative for COVID-19 in the prior 72 hours before indoor visits.

Adult and senior care facilities workers and workers who provide in-home care must be fully vaccinated by November 30 as part of a California public health order issued on September 28.

On August 5, Dr. Aragón issued a public health order requiring vaccinations for all health care workers in California without allowance for people to choose to wear PPE instead of getting vaccinated. Recent outbreaks in health care settings have come from unvaccinated workers.

Schools:

On October 1, Governor Newsom announced that **California will require COVID-19 vaccinations for K-12 students** following FDA-approval for their age group, adding COVID-19 to other vaccinations required for in-person school attendance.

On October 28, Oakland's Board of Education voted 4-3 to adopt a COVID-19 student vaccine policy which requires all students ages 12 and up to be fully vaccinated by January 1 to attend in-person school, similar to the policies in Los Angeles and Piedmont school districts. However, exemptions for medical reasons, personal belief and partial vaccination are allowed in Oakland. Students not granted an exemption will be required to attend school online, transferring to Sojourner Truth Independent Study school. A similar policy including Oakland students ages 5-11 may also be considered in the future.

Hayward and Piedmont's school boards passed vaccine requirements on September 22. Berkeley and West Contra Costa County's boards have proposed similar requirements.

Los Angeles and Culver City school districts passed a student vaccine requirement earlier in September. Los Angeles Unified School District, the second largest in the US with 600,000 enrolled students, has passed a requirement for students 12+ to get vaccinated with 2 doses by December 19 or by October 31 to participate in extracurricular programs.

Need proof of vaccination? Visit the Digital COVID-19 Vaccine Record site to request your digital vaccination card and download the Alameda County Frequently Asked Questions for more information. If you need a replacement copy of your paper vaccine card and were vaccinated at an Alameda County supported site, you can visit any currently open location for assistance. If you were vaccinated elsewhere and need a paper vaccine card, contact that provider for a replacement.

Do you need to verify digital vaccine records at your workplace or venue? Download the SMART Health Care Verifier app to your Android phone or iPhone to scan the secure QR codes used in digital vaccine cards in California and across the globe.

MORE DETAILS ON COVID VACCINES: EFFICACY, THIRD DOSES, BOOSTERS

The CDC issued an **urgent health advisory for pregnant people to get vaccinated** against COVID-19, given the 2x risk of ICU hospitalizations and 70% increase in death, as well as increased pre-term birth, ICU hospitalization and death in newborns.

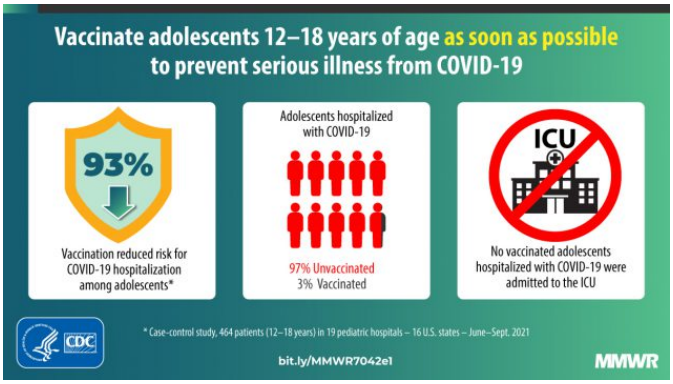
A study from Kaiser Southern California found that the risk of post-vaccine myocarditis was not elevated after the first dose and was 5.8 cases per million among men (average age of 25 years) after the second dose of the Pfizer or Moderna vaccine. The risk of myocarditis from COVID-19 infection is still much higher, at about 110 cases per million. In the study, all 15 cases of post-vaccine myocarditis resolved on their own, and none required ICU care.

A new study including people experiencing homelessness in SF and Oakland *"COVID-19 Testing and Vaccine Acceptability Among Homeless-Experienced Adults: Qualitative Data from Two Samples"* found that mobile access is better (bring testing & vaccine to where people are) and incentives make a difference, so offer them if you can.

Vaccine efficacy:

The CDC has a new COVID-19 vaccine effectiveness tracker, which appears to be updated monthly. The CDC also has a new dashboard on US hospitalization by vaccination status.

A new CDC study suggests that vaccination offers more protection against COVID than prior infection.



A real-world CDC study on vaccine efficacy among teens showed that the Pfizer-BioNTech COVID-19 vaccine was 93% effective against hospitalization for 12-18-year-olds during the June-September 2021 delta surge. 97% of the teens hospitalized with COVID-19 were unvaccinated.

The CDC recommended the Pfizer vaccine for kids ages 5-11 on November 2, following FDA authorization on October 29. The FDA advisory panel voted 17-0 to recommend the Pfizer vaccine for kids ages 5-11 on October 26 based on Pfizer clinical trial data. These endorsements allow the pediatric Pfizer vaccine to be given for the 5-11 age group.

Data from the Pfizer pediatric clinical trial shows that the vaccine is safe and 90.7% effective in preventing COVID-19 delta variant infections for kids ages 5-11. The pediatric dose is one-third the adult dose (10 micrograms instead of 30 micrograms) and uses a different formulation, which is stable in a refrigerator for up to 10 weeks and does not need to be kept ultra-frozen like the vaccine formulation used for people ages 12 and older.

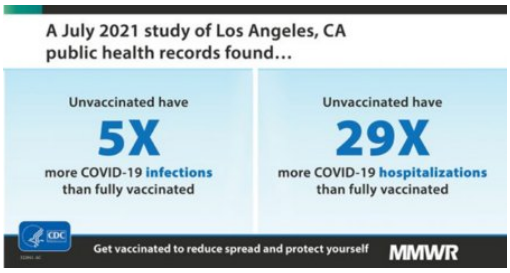
New data presented at the CDC ACIP meeting on November 2-3 showed that **vaccinating 5-11-year-olds could reduce national COVID case rates about 8%** from November 2021 to March 2022. Epidemiologists also expect widespread adoption of vaccines could lead to fewer school closures and more opportunities to resume pre-pandemic social activities for children. While 38% of children ages 5-11 are estimated to have had COVID-19 (a similar rate as adults), mild and asymptomatic cases in children in particular may not provide adequate immunity against the delta variant. For this reason, vaccinations for children and others with prior infection are still recommended.

How do I get a vaccine for kids ages 5-11? Please check pharmacies, pediatrician offices and community health centers for appointments. Not all locations offer the lower-dose Pfizer pediatric vaccinations. The first shipments of the new pediatric formulation vials arrived in the East Bay November 1-5. Some pediatric primary care sites are now opening up vaccine appointments for kids ages 5-11 starting November 6. MyTurn.ca.gov and Kaiser will open appointments for ages 5-11 on November 4. Alameda County is planning their first public county vaccine clinics for ages 5-11 starting November 22, and Contra Costa County will open up appointments for kids ages 5-11 the week of November 3.

Moderna announced on October 25 data from the clinical trial of its COVID-19 Vaccine in children ages 6 to 11 (using half the adult dose, 50 µg) showing robust antibody responses.

Both Pfizer and Moderna have expanded their ongoing pediatric clinical trials to collect additional safety and efficacy data. Pfizer plans to share data from the trial with children ages 2-4 by end of December 2021 and 6 months to 1 year by March 2022.

CDC epidemiology report on COVID-19 among children ages 5-11 shows that case rates per 100k among children ages 5-17 are now the highest of age groups nationwide. Children are at least as likely as adults to be infected. Black, Latinx and Indigenous children and those with underlying conditions have the highest hospitalization rates. While children are less likely than adults to have severe disease from the delta variant, COVID-19 in children can still result in long COVID (~7-8%), hospitalization and ICU stays, transmission to others who are more vulnerable, and school closures due to outbreaks**.**



Data from the LA Dept of Public Health, HEROES-RECOVER Cohort study of frontline workers, IVY hospital network study, and incidence rates in 13 US jurisdictions show that high vaccine efficacy against hospitalization was maintained over time and during the delta surge. At the same time, there were more mild-moderate post-vaccinate *infections* from delta compared to earlier variants. This may represent a combination of reduced vaccine efficacy against the delta variant as well as waning antibody/musocal immunity over time. Additional findings were presented at the August 18 White House COVID Briefing with excellent summary slides downloadable here.

A large prospective study of over a million UK COVID Symptom Study app users showed that compared to no vaccination, vaccination was associated with reduced odds of hospitalization, reduction in the number of symptoms during infection (and higher likelihood of being asymptomatic compared to no vaccination), and half the odds of long COVID (symptoms lasting 28 or more days).

With the delta and future variants, our goals are now to learn how to live with and reduce the destruction caused by the SARS-CoV-2 virus ("endemicity") by maximizing immunity, ideally through vaccines, in order to reduce the virus' ability to cause severe disease and death.

Third doses for people with immunocompromising conditions:

On August 12, the FDA authorized a third mRNA vaccine dose for people "who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise." About 3% of the US population falls into this category. Studies of people with solid organ transplants show a significant lack of immune response in this population with two doses, and a randomized trial showed benefit with a third mRNA vaccine dose. The CDC presented additional data for these recommendations on August 30.

CDPH and the CDC recommend the third dose at least 28 days after their second dose for the following people (references in this PDF):

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (click for more guidance)
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

Verification of immunocompromised status is not required, so people can self-attest and get their third dose anywhere mRNA vaccines are available. However, Alameda County recommends that residents discuss getting third doses with their providers first. Clinicians have leeway to assess immune status and help people think through getting a third dose.

Why should immunocompromised people get a third dose? Hospitalization data shows that people with moderate to severely immunocompromising conditions have more severe outcomes and higher risk for death from COVID-19, and also have inadequate immune response and protection to two doses of the mRNA vaccine or single doses of the J&J vaccine. A CDC study found that "Effectiveness of mRNA vaccination against laboratory-confirmed COVID-19–associated hospitalization was lower (77%) among immunocompromised adults than among immunocompetent adults (90%). Vaccine effectiveness varied considerably among immunocompromised patient subgroups." Moderna provided slightly more protection than the Pfizer vaccine. The study did not include the J&J vaccine. The authors suggest that immunocompromised people will likely need a booster dose 6 month after an initial 3-dose series.

Booster doses:

J&J and Moderna boosters and "mix and match" approaches were authorized and approved by the FDA, CDC and the Western States Scientific Safety Review Workgroup on October 22, which makes boosters for all three authorized vaccines in the US available to California residents.

The FDA Vaccine Advisory Panel met October 14-15 and voted unanimously to recommend a booster dose for *all people* who received a single dose of the Johnson and Johnson (J&J) vaccine two or more months ago. They also unanimously voted to recommend a booster dose of the Moderna vaccine for the same groups of people eligible for the Pfizer booster: all ages 65+ and 18+ with high risk conditions or workplaces who received their second dose 6 or more months ago. The Moderna booster dose is half the dose (50 micrograms) of the initial two-dose series. Eligible people may also use the "mix and match" approach and choose which vaccine they receive as a booster dose. Some people may have a preference for the vaccine type that they originally received, and others may prefer to get a different booster.

These recommendations were approved by the FDA director on October 20, the CDC ACIP and director on October 21 and the Western States Scientific Safety Review Workgroup on October 22

CDC Director Dr. Rochelle Walensky released Pfizer booster recommendations on September 24, recommending them for people who received their second Pfizer dose 6 or more months ago. Eligible groups include people ages 65 and older, residents of long-term care facilities, and people ages 18 and older with underlying health conditions that put them at higher risk of severe disease (endorsing the ACIP advisory committee votes), and included the FDA's recommendation for people ages 18-64 at high risk from occupational exposures, such as health care workers, teachers, grocery, shelter and jail/prison workers.

This aligns the CDC guidance with the FDA authorization. The Western States Scientific Safety Review Workgroup announced their concurrence with the CDC recommendations on September 24. The release of CDC recommendations and Western State concurrence allow vaccine providers to start offering boosters to these eligible groups.

CDC recommendations for Pfizer boosters:

- people 65 years and older and residents in long-term care settings **should** receive a booster shot of Pfizer-BioNTech's

COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,

- people aged 50–64 years with underlying medical conditions **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- people aged 18–49 years with underlying medical conditions **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks, and
- people aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.

You are still considered fully vaccinated 2 or more weeks after two doses of Pfizer or Moderna vaccines or one dose of the J&J vaccine. These regimens still provide high levels of protection against severe disease for most people. People who are immunocompromised should get third doses of the Pfizer or Moderna vaccine. Boosters provide additional protection against mild-moderate infections from the delta variant, going from very good to excellent protection.

Evidence for mixing and matching: A pre-print NIH study suggests that J&J recipients might benefit more from an mRNA booster, and in particular a Moderna booster. The study found that J&J recipients who got a J&J booster increased neutralizing antibody levels 4x, J&J recipients who got a Pfizer booster has a 36x increase and J&J recipients who got a Moderna booster hasd a 76x rise in antibody levels.

Marin County Public Health set a goal for at least half of all residents over age 65 to receive their booster by the end of November. Currently, only 25% of residents in that age group have received a booster dose. Among those hospitalized with COVID-19 since June, nearly 80% were ages 65 or older. Public Health Officer Dr. Matt Willis stated, "The tragic death of Colin Powell highlights the vulnerability of vaccinated people with weakened immune systems. An additional booster shot can help keep you healthy."

California state released a COVID-19 action plan on September 23 describing the state's strategy for increasing vaccination rates overall, rolling out booster doses, and vaccines for children under age 12.

Why get boosted?

Immunity from natural infection and vaccination wanes over time, especially for older people and those at higher risk. Boosters increase immunity to highly protective levels. Boosting offers additional protection against infection and makes good vaccine protection into excellent vaccine protection.

Studies showing waning immunity:

A CDC study of vaccine efficacy among US nursing home residents during the delta surge shows waning efficacy over time. Nursing home residents are often elderly and frail and have a less robust response to vaccines. From March to May 2021, vaccine efficacy was 75%, then dropped to 53% in June to July during the delta surge.

Studies from UCSD and VA medical centers show waning immunity among health care workers and people ages 65 and over. A study of 167 people who received the Moderna or Pfizer-BNT mRNA vaccine showed that antibody levels were before and higher after the 2nd dose for people who received the Moderna vaccine compared to the Pfizer-BNT vaccine and was also higher for people under the age of 50 compared to people ages 50 or over, which correlates with the higher preserved protection against hospitalization seen in Moderna vaccinations.

A pre-print study from the UK found that the Pfizer-BNT vaccine's efficacy in preventing forward transmission was 68% for the alpha variant and 50% for the delta variant after 2 doses. Efficacy against transmission of the delta variant waned over time, and at 3 months after the second dose decreased from 50% to ~22% for the Pfizer-BNT vaccine and from 24% to 0% compared to unvaccinated people for the Astra-Zeneca vaccine.

Vaccine data from Israel showed waning protection from severe disease in older populations who were vaccinated 6+ months ago. Israel has approved a third dose for everyone ages 12 and over.

Studies showing booster efficacy:

J&J booster data in a press release from Janssen's vaccine trial participants (ENSEMBLE) showed that a second dose 2 months after the first dose increased vaccine efficacy from 74% to 100% against severe/critical COVID-19 and increased antibody levels by 4-fold, though the outcomes were only followed for 14 days post-second dose thus far. When the second dose was given 6 months after the first dose, antibody levels increased by 12-fold.

Data from Israel on boosters for people ages 60+ show an 11x decrease in the infection rate and 19.5x decrease in the hospitalization rate 12-25 days after a Pfizer booster dose, as compared to an age-matched group that did not get boosted and had 2 doses. The data does not describe outcomes after 25 days.

Data from Israel presented at the FDA COVID vaccine meeting on September 17 showed that after giving boosters to nearly 3 million people, there was a >10x reduction in COVID-19 infections and serious disease. As boosters rolled out, new infection rates fell.

Pfizer booster side effects are described as similar to 2nd doses as reported by the CDC, the Pfizer booster trial, Maccabi Health Services in Israel, Clalit Health Services in Israel.

Vaccine handling updates:

On August 22, the FDA updated the EUA for the **Pfizer-BioNTech vaccine to extend the shelf life from 6 months to 9 months** for products with an expiry date of August 2021 through February 2022 when stored between -90°C and -60°C (ultralow temperature freezer). The latest expiration dates can be accessed here (registration required).

WHAT'S UP WITH COVID VACCINES?

Updated November 3, 2021

Everyone ages 5 and over can get a free COVID-19 vaccine, even if you don't have insurance or immigration papers. Vaccines for children ages 5-11 are available starting November 3, with much more coming the second week of November.

Get a free vaccine today at local pharmacies, your medical provider, MyTurn.ca.gov, or county sites.

The best way to protect yourself and our community against serious illness from the highly contagious delta variant is to get vaccinated and wear a mask. Vaccines remain highly effective against severe disease by the delta variant. Being fully vaccinated reduces the risk of infection by 5x and reduces the risk of hospitalization and death by 10-29x.

Appointments and walk-ups are available the same day at many sites for all three authorized vaccines (Pfizer, Moderna and Johnson & Johnson), including for the Pfizer vaccine for 12-17 year olds. For the lower-dose Pfizer vaccine for children ages 5-11, please check local pharmacies, pediatric clinics and community health centers for appointments.

Please see below or click for more information on boosters and third doses for people with immunocompromising conditions.

More key vaccine updates:

- Vaccines are recommended for all people ages 5 and over, including people who are pregnant, breastfeeding, wanting to get pregnant now or in the future.

- The CDC recommended the Pfizer vaccine for kids ages 5-11 on November 2, following FDA authorization. Pediatric vaccines are available starting the week of November 3 at pharmacies, some pediatric clinics and community health centers. MyTurn.ca.gov and Kaiser will open appointments for ages 5-11 on November 4.
- The FDA granted full approval of the Pfizer COVID-19 vaccine for people ages 16+.
- You are considered fully vaccinated 2 or more weeks after two doses of Pfizer or Moderna vaccines or one dose of the J&J vaccine.
- Third Pfizer or Moderna vaccine doses are *recommended* for people with immunocompromising conditions.
- Johnson and Johnson (J&J) booster doses are *recommended* for all people who received a single dose of the Johnson and Johnson (J&J) vaccine who are at least 2 months out from their first dose.
- Moderna and Pfizer boosters for additional protection are *recommended* for people who received two vaccine doses 6 or more months ago who are ages 65 and over, and available for ages 18-64 with underlying conditionss or social inequities, living in or working in settings with high-risk exposures, such as frontline health care workers, first responders and teachers.
- Eligible people may also use the "mix and match" approach and choose which vaccine they receive as a booster dose.
- Need proof of vaccination? Visit the Digital COVID-19 Vaccine Record site to request your digital vaccination card.

CLICK FOR MORE DETAILS ON HOW TO GET VACCINES

COVID-19 PREVENTION AND TESTING UPDATES

New studies on masking in schools during the delta outbreak show that mask mandates in Arizona schools reduced outbreaks by 3.5 times and nationwide reduced pediatric cases by about half.

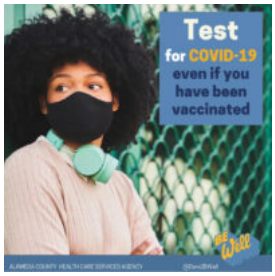
The largest randomized trial on the effectiveness of face masks in real-world settings, including 340,000 adults living in 600 communities in Bangladesh, showed that wearing masks, particularly surgical masks, is effective in reducing the spread of COVID-19 in community settings. The researchers' 4-part "NORM" intervention (including no-cost/free masks, info about masks, role modeling and mask reminders) increased community mask-wearing by 3x and prevented 1 in 3 infections among people ages 60+ who are at highest risk for severe disease. Villages that used surgical-type masks had a greater reduction in symptomatic infection.

"These results suggest that we could prevent unnecessary death and disease if we get people to wear high-performance masks, such as surgical masks, in schools, workplaces, shopping centers, places of worship and other indoor spaces," said study co-author Laura Kwong, an assistant professor of environmental health sciences at Berkeley's School of Public Health. "I would strongly recommend that people who spend time in indoor public spaces, including students, wear surgical masks or other high-performance masks such as N95s, KN95s or KF94s. Fit and comfort are especially important for children, so child-sized KF94s may be most appropriate for them."

A prison delta variant outbreak in two housing units of a Texas prison showed very high transmission rates among unvaccinated people (93% secondary attack rate) and vaccinated people (70% secondary attack rate). 3 of the 4 hospitalized were unvaccinated, and one unvaccinated person died. This study demonstrates how even with high vaccination rates, masking, testing and isolation/quarantine remain critical in congregate and crowded settings.

A study of over 7,000 people in overnight youth camps during the delta outbreak showed that **multicomponent strategies** of high vaccination coverage (>93% among eligible people ages 12+), frequent screening and testing, masking, cohorts and other measures resulted in zero in-camp transmissions.

Get tested if you are exposed to COVID-19 or have symptoms! Here is California's guidance on isolation for positive test results and quarantine for people who are exposed. A journalist has shared his experience with post-vaccination infection and what he wished he'd known.



Reports from the UK and this US study show these **top 5 symptoms** with delta infection:

- **Top 5 symptoms in unvaccinated people:**
- Headache
- Sore throat
- Runny nose
- Fever
- *Persistent cough*

- **Top 5 symptoms in vaccinated people:** *"Feels like allergies or a bad cold."*
- Headache
- Runny nose
- *Sneezing*
- Sore throat
- Loss of smell/taste

HOW TO GET A COVID TEST

HARM REDUCTION RESOURCES

Our COVID harm reduction infographics include updated guidance! Find out more about maximizing mask protection.

Click to download: graphic in English | graphic in Spanish | PDF in English | PDF in Spanish.

COVID-19 harm reduction strategies: Use as many of these as you can!

Strategy	% reduction
1. Vaccination	75-95% vs. severe disease
2. Masking	50-96%
3. Max ventilation	80-90% outdoors/max vent.
4. Distancing	53-88% at least 3-6 feet
5. Eye protection	78%
6. Testing/isolation	33-53% with contact tracing
7. Hand hygiene	28-45%

Updated 9.1.21 * Data compiled by Sophy S. Wong, MD
Icons by Good Ware, Freepik and Srip on Flaticon.com.
See ebgtz.org/covid-redux for updates and primary sources.

Our **summary of COVID prevention research** is constantly updated with new studies.

COVID TREATMENT UPDATES

On October 1, Merck announced promising results from a randomized study of a **new antiviral medication** to treat mild-moderate COVID-19 in people at risk for severe outcomes. **Molnupiravir** reduced COVID hospitalizations or death by 50% in a trial involving 775 volunteers. Merck will submit data to the FDA for review shortly after this announcement.

On August 26, the CDC issued a warning around severe illness and toxic overdose from ivermectin, an anti-parasitic medication, including veterinary formulations not safe for human consumption, which is being mis-used for the prevention or treatment of COVID-19, for which there is insufficient evidence to support.

Monoclonal antibody treatment is available without cost for people with acute COVID-19 and risk factors for severe disease, including immunocompromising conditions such as advanced or untreated HIV. This treatment is given as an infusion and must be given as early as possible in the course of illness and within 7 days of symptom onset to be most effective. Post-exposure prophylaxis may also be available for some people at some locations. Currently Casirivimab + Imdevimab is recommended for efficacy against the delta variant.

In Alameda County, the treatment is available at Total Infusion in Eastmont Town Center in Oakland. Patients typically receive treatment within 3 days of the referral, and the appointment lasts 3 hours (1 hour for the infusion itself, 1 hour for post-infusion observation). The medication is paid for by DHHS. Total Infusion bills administration fees to insurers and not collecting fees from patients. Uninsured people can also get the treatment without cost. Referrals can be made by providers using this online form.

Click here to learn more on monoclonal antibody treatment for Alameda County residents, including flyers in multiple languages. Click here for info for Contra Costa County residents.

Pills to treat COVID: Currently three oral COVID-19 antiviral medications are in late-stage clinical trials, which are intended to prevent or reduce the severity of disease. These oral medications include an antiviral from Merck & Co. and Ridgeback Biotherapeutics called molnupiravir, a candidate from Pfizer, known as PF-07321332, and AT-527, an antiviral produced by Roche and Atea Pharmaceuticals. COVID vaccinations remain the best way to prevent severe disease, and these oral medications are intended to be another tool in our toolbox to reduce the mortality and morbidity from COVID-19.

PANDEMIC TRENDS AND EPIDEMIOLOGICAL DATA

COVID-19 daily cases and deaths in the Bay Area have increased since mid-October, though hospitalizations are decreasing. Deaths remain low thanks to people getting vaccinated and wearing masks.

California case rates increased in October and the state is back in the CDC "high" transmission category as of November 3. Nationwide, cases have also increased since late October. As of October 20, 78% of people in the US ages 12+ have received at last one vaccine dose. Worldwide, cases are increasing in the US, Mexico, Central and Noth Africa, much of Europe, and China.

We are not safe until everyone is safe. Advocates are calling for the US and the Biden Administration to increase vaccine production and access globally, as in this August 25 global COVID vaccine advocacy letter from PrEP4All. COVID-19 presents a chance to build on the global health care infrastructure supported by PEPFAR, Global Fund and many other international collaborations to deploy life-saving testing, vaccines and treatment.

Estimated transmission rates in California rose in mid-October (resulting in case increases) and are slightly below 1 again, which means case rates should stabilize. The transmission rate is 0.91 across California as of November 1. This is a hopeful sign that we are masking, vaccinating and being more careful so transmissions continue to decrease.

As of November 3:

- **Alameda County**:
  - 0.94 transmission rate
  - 7.5 cases per 100,000 people on 11/3 (11/100k among unvaxxed and 4/100k among vaxxed on 10/26)
  - 90% residents ages 12+ are partially vaccinated (have received at least one vaccine dose), 84% are fully vaccinated
- **Contra Costa County**:
  - 0.94 transmission rate
  - 9.6 cases per 100,000 people (18/100k unvaxxed and 5/100k vaxxed on 10/28)
  - 89% of residents ages 12+ partially vaccinated, 84% fully vaccinated
- **Solano County**:

- 0.93 transmission rate
- 11.1 cases per 100,000 people
- 80% of residents 12+ partially vaccinated, 70% fully vaccinated

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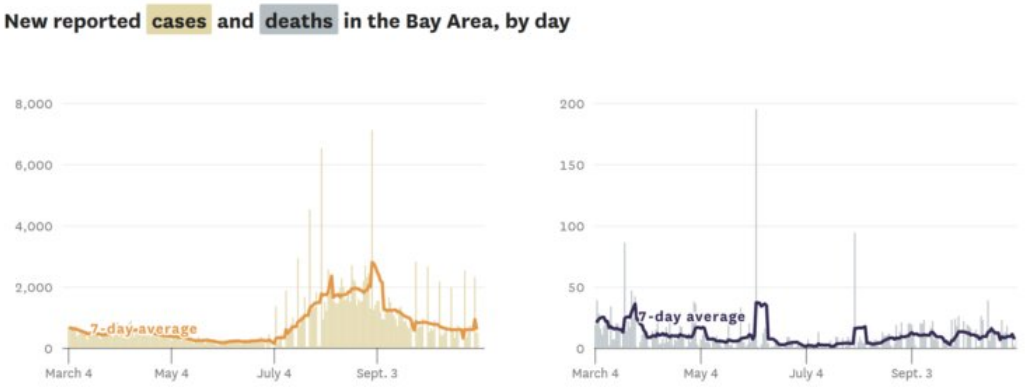
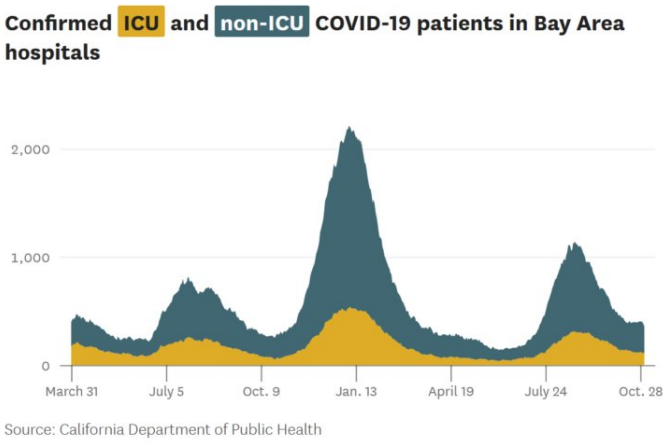


SF Chronicle, 11/3/21: COVID-19 daily cases and deaths in the Bay Area.



SF Chronicle, 11/3/21: COVID-19 daily ICU and non-ICU hospitalizations in the Bay Area.

US trends in anxiety and depression during pandemic: A CDC study found that across the US, average anxiety severity scores increased 13% from August to December 2020 and then decreased 26.8% from December 2020 to June 2021. Similar increases and decreases occurred in depression severity scores.

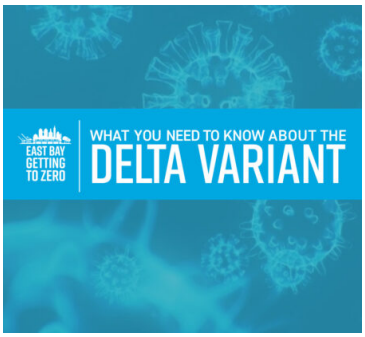
VARIANTS

The WHO uses a naming system for coronavirus variants using the Greek alphabet. Variants of concern or interest include:

- Alpha: B117 (identified first in the UK), ~50% more infectious than original strain, might cause more severe disease.
- Beta: B1351 (South Africa), ~50% more infectious, vaccines/monoclonal antibodies less effective against it.
- Gamma: P1 (Brazil), vaccines/monoclonal antibodies less effective against it.
- Delta: B1617 (India), 200-400% more infectious, might cause more severe disease, see below for more.
- Lambda: C37 (Peru), data suggest it's more infectious and vaccines/monoclonal antibodies less effective against it.
- Mu: B1621 (Colombia), data suggest vaccines/monoclonal antibodies less effective against it.

The Delta variant is >99% of infections in the US and has rapidly out-competed all

other variants here and around the world. Vaccines remain highly effective against severe disease caused by the delta variant, though less effective against milder infections.



The delta variant is *2-4 times* as infectious as the original strain and may cause more severe illness and death. People with delta infections have much higher viral loads compared to infections with previous strains. Being vaccinated reduces the risk of infection by ~3-5x, reduces the risk of serious illness and death from delta infection by ~10-29x and reduces the time of viral shedding by ~2x. Universal vaccination combined with masking and distancing is necessary to reduce spread.

The delta variant very rapidly became the dominant strain in the US in the summer of 2021, quickly overtaking other variants. With its high transmissibility, the delta variant is still outrunning all the other variants, even the ones that may be more vaccine/immune evasive such as beta, gamma or mu. The delta variant was 99.7% of the COVID cases sequenced in the US as of October 16, up from around 50% at the beginning of July. In California, the delta variant was 99.8% of variants sequenced as of October 21, up from 53% on June 21 and from 6% on May 21.

Delta variant data show that:

- The delta variant is far more transmissible than the original strain, the common cold, the seasonal and 1918 flu, Ebola and smallpox. A person infected with the original strain would on average infect 2-3 other people, but a person infected with the delta variant will on average infect 5-8 other people. (CDC)
- Delta infections have higher viral loads and longer duration of shedding. (MIcochova, Ong)
- CDC data from a large July 2021 outbreak in a highly vaccinated county in Massachusetts as well as data from the delta outbreak in Los Angeles County shows that viral loads of delta infections in vaccinated people were similar to viral loads among unvaccinated people, which suggests that transmission risk during early infection is similar from vaccinated people and unvaccinated people infected with the delta variant. (Brown, CDC, Griffin)
- Delta infections have been found in Canada, Singapore and Scotland to have higher odds of hospitalizations, ICU admission and death, especially for unvaccinated people. (Fisman, Ong, Sheikh)
- Vaccines still provide 10-29x reduction in hospitalization and death from delta infection (93-100% efficacy with 2-doses of the Pfizer vaccine) and 3-5x reduction in mild or asymptomatic delta infection (64-79% against any delta infection with 2-doses of Pfizer). (Nasreen, Israel's Ministry of Health, Lopez Bernal, Stowe, Public Health England, Griffin)

Data suggests that vaccinated people with delta infections can likely transmit the virus to others, though for shorter periods of time. It's still unclear how much and how well vaccinated people transmit in real-life settings. A pre-print study posted on July 31 from Singapore also found that vaccinated people who get delta infection have similar initial viral loads as unvaccinated people, but importantly also showed that viral loads decreased much more rapidly (PCR cycle times >30 in 9 days in vaccinated people rather than 18 days in unvaccinated people). This study also found that being vaccinated reduced the odds of requiring supplemental oxygen by 93%. (Chia)

In summary, this data shows that the delta variant is more highly contagious, may cause more severe disease, and suggests that vaccinated people who get infected can transmit the virus, though likely for shorter periods of time. Vaccines remain highly effective at preventing severe disease, but a bit less effective at preventing mild or asymptomatic infection with the delta variant.

Universal masking and distancing are crucial for slowing the spread and rise of worse variants, given current inadequate vaccine coverage. We need to continue to outreach to people to increase vaccination rates and distribute more vaccines to developing countries to reduce serious illness and death. We will also likely need to learn to live with the virus over the long run and aim to reduce serious illness and death through vaccinations.

NEW HIV/STD STUDIES

Current lists of open HIV and hepatitis studies at UCSF are posted here.

The **2021 virtual Ryan White HIV Clinical Conference** was held October 3-6, 2021. Please click here see our resource page for key takeaways and links to slides from the conference.

A resurgence in STD cases: New CDC data show that during March-April 2020, reported STD cases dramatically decreased compared to the same time in 2019. However, a resurgence in gonorrhea and syphilis cases later in the year suggest overall STDs may have increased during 2020.

The CDC just released their updated ***2021 Sexually Transmitted Infections Treatment Guidelines***. Click on this link to access the full guidelines and visit their provider resource page for copies of a summary wall chart and pocket guide.

A study of PrEP services at Kaiser Northern California from 2012 to 2019 showed that among those linked to PrEP care, people less likely to receive PrEP prescriptions included young adults ages 18-25, people with substance use disorders, people living in lower income neighborhoods, women, and among African American and Latinx people.

Cabotegravir for HIV Prevention in Cisgender Men and Transgender Women: A study of 4,566 people including 570 (12%) transgender women, participants were randomized to receive TDF-FTC vs. CAB LA for PrEP. The results showed that CAB-LA was superior to daily oral TDF–FTC in preventing HIV infection. The study authors wrist that "strategies are needed to prevent INSTI resistance in cases of CAB-LA PrEP failure."

The **San Francisco 2017-2018 HIV Medical Monitoring Project (MMP) Report** was released in July. Interview and medical record data from 361 participants were collected between June 2017 and May 2019 and features new data on long-term survivors and resiliency.

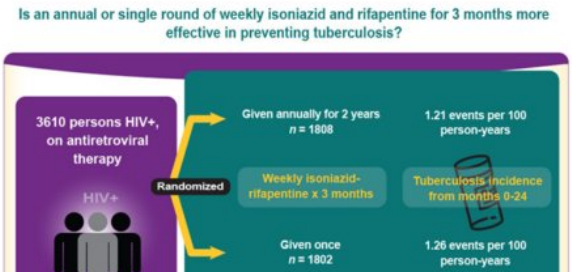
The CDC published data on August 5, 2021 from the 2019-2020 cycle of the **HIV National Medical Monitoring Project** (MMP). The MMP is an annual, cross-sectional survey that reports nationally representative estimates of behavioral and clinical characteristics of adults with diagnosed HIV infection (PLWH) in the United States.

Findings in this latest national MMP report include:

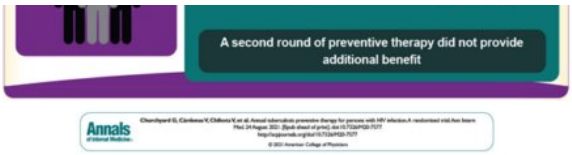
- 79% of PLWH surveyed were retained in care
- 61% were virally suppressed
- 16% had symptoms of depression
- 21% had recent symptoms of anxiety
- 9% experienced homelessness
- The median HIV-related stigma score was 30.7 (0= lowest stigma and 100= highest stigma)

A separate MMP report on PLWH in the US showed that 25% had experienced discrimination in health care settings. People ages 18-29, transgender people, LGBTQ+ people and those who were experiencing homelessness or incarceration were significantly more likely to experience discrimination, and were more likely to have missed visits, not take ART or miss ART doses.

The authors conclude, "Interventions that address the sociocultural and structural factors associated with discrimination in all health care settings are needed to improve health outcomes among PWH and end the HIV epidemic in the United States."



A randomized trial in South Africa, Ethiopia and Mozambique found that **for PLWH and latent TB treatment, "treatment completion was higher with rifapentine–isoniazid for 3 months** compared with isoniazid for 6 months. In settings with high tuberculosis transmission, a second round of preventive therapy did not provide additional benefit to persons receiving antiretroviral therapy."



A systematic review of **Motherhood and decision-making among women living with HIV** in developed countries found that women living with HIV "encounter reproductive decision-making with knowledge deficits and limited social support… Evidence-based clinical practice guidelines need to be tailored for the family planning and sexual health needs of women living with HIV."

PEOPLE LIVING WITH HIV AND COVID-19 VACCINES

All people living with HIV (PLWH) are *highly recommended* to get the COVID-19 vaccine, all PLWH ages 50 and up are recommended to get boosters, and people with advanced or untreated HIV are recommended to get third full doses of mRNA vaccines. All PLWH ages 18 and up are eligible to get a booster if they desire. The authorized vaccines are safe for people living with HIV regardless of CD4 count.

A new WHO study of over 15,000 global cases of COVID-19 in people living with HIV (PLWH) presented at IAS in July 2021 found that **unvaccinated PLWH were 13% more likely to be hospitalized and 30% more likely to die** after being hospitalized, independent of age, gender, comorbidities. Among PLWH, having diabetes, high blood pressure, being male or over 75 years old was each associated with an increased risk of death. CD4, viral load and ART status was not available in this cohort. Most people in this cohort were from the African region, and of those, most were from South Africa.

A US study of 8,270 PLWH with COVID-19 found that **unvaccinated PLWH in the US who went to the ED with COVID symptoms had an increased risk of hospitalization requiring ventilation by 43% and increased risk of death by 20%**, independent of sociodemographic factors and comorbidities. Outcomes were 4-7x worse for people with CD4 <350 and with higher viral loads. Another study (under review) of the ~13,000 PLWH in the CNICs cohort showed that COVID-19 severity was worse with CD4 <350 and history of CD4 <200.

Earlier data also showed that people living with HIV and CD4 counts less than 200 have greater risk for hospitalizations and death from COVID-19.

UK data shows that getting 2 doses of **COVID-19 vaccines are highly effective for people with health conditions, including HIV**. Protection after one dose in a 2-dose regimen was not as protective compared to people without health conditions. The July 2021 outbreak in Provincetown, Massachusetts included 30 PLWH who were fully vaccinated, all virally suppressed, none were hospitalized. Two small lab-based studies showed that antibody, T- and B-cell responses were similar between PLWH and people without HIV, but most study participants had CD4>500 and suppressed viral loads.

The COVID pandemic has also disrupted care, attention and funding for HIV and share common disparities among communities of color, requiring underlying structural change.

These studies underscore the importance of prioritizing PLWH for outreach and to complete all vaccination doses.

The CDC recommends a third mRNA vaccine dose for people with "Advanced or untreated HIV infection," which was authorized by the FDA on August 12, 2021**.** This is because people with advanced immunocompromise from HIV don't respond as well to the first 2 doses as other people.

- Published guidance: the CDC, CDPH and HIVMA (for PLWH).
- It's best to stay with the same mRNA vaccine (Pfizer or Moderna) for the third dose simply because we have more data on that, but if the same one is not readily available, it's OK to give a third dose with the other mRNA vaccine.
- The CDC has clarified that "advanced HIV" means:
  - CD4 cell counts less than 200/mm3
  - A history of an AIDS-defining illness without immune reconstitution
  - Clinical manifestations of symptomatic HIV infection
- People who got the J&J vaccine have not gotten authorization for additional doses yet, but hopefully will on Oct 15.

What about booster doses for people living with HIV?

All people living with HIV ages 50+ are *recommended* to get a booster with a Pfizer, Moderna or J&J dose if they haven't already received a third dose, and all people living HIV ages 18-49 *may* get a booster if they wish to.

Based on our best available data, we know that people living with HIV with CD4 <350 and higher viral loads are at higher risk for hospitalization and death, so we may want to prioritize outreach and third doses or boosters for this group, though please keep outreaching to people living HIV and others not yet vaccinated!

What the data shows us when we determine whom to prioritize outreach for third doses and boosters:

- **Untreated HIV**
  - Highest priority: Any person living with HIV not on ART. (Please offer ART again too!)
  - People with viral loads >1,000. Detectable viral loads >50 who were also associated with higher hospitalization rates even when CD4 was >500 (VL of 50-1,000 had 1.8x increased odds and VL >1,000 had 3.5x increased odds).
- **People on treatment with greater risk for severe COVID-19**
  - Highest priority: CD4 counts of <200
    - People with CD4 <350 were associated with 7.6x increased odds of death, 5.4x increased odds of requiring ventilation and 4.4x increased odds of hospitalization.
    - CD4 of 350-500 had 2.9x increased odds of hospitalization compared to CD4 >500.
  - Highest priority: People living with HIV *and* other immunocompromising conditions, especially people with transplants, getting cancer treatment or on high dose steroids or other immunosuppressive drugs.
  - People with a history of AIDS (CD4<200 or opportunistic illness) and long-term survivors (especially those over 75, have diabetes, hypertension or other cardiovascular disease).

Should we check for immunity after vaccination? The FDA does not currently recommend checking for SARS-Cov2 antibodies after COVID-19 vaccination since current antibody tests have not been evaluated to assess level of protection from vaccination. If antibodies are checked anyway, be sure the proper type is ordered:

- The anti-spike IgG antibody checks for circulating antibodies generated by vaccination *or* past infection.
- The anti-nucleocapsid IgG antibody checks for past infection only.

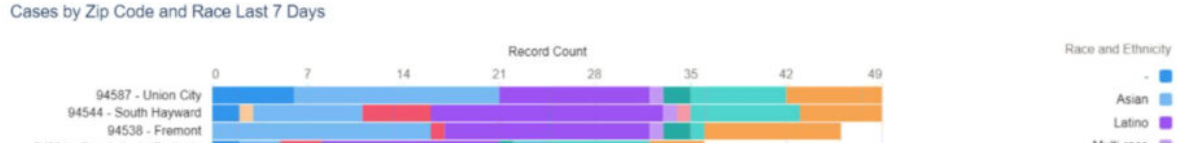
Click here to download recommendations for PLWH during the summer 2021 delta surge from Getting to Zero San Francisco.

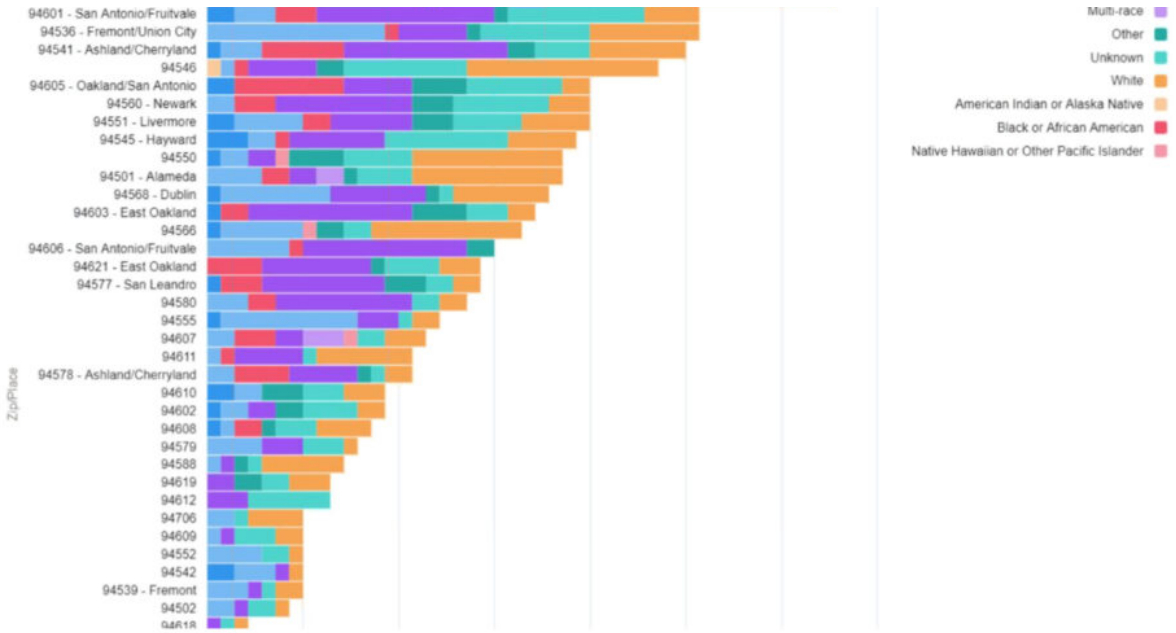
Resources for PLWH and COVID-19 vaccines: UNAIDS infosheet on COVID-19 vaccines and HIV, Clinical FAQs with Dr. Paul Sax at Harvard and The New England Journal of Medicine, Clinical FAQs for people living with HIV from HIVMA (PDF), Guidance for talking with patients and FAQs for PLWH from Alameda Health Systems (PDF).

MORE VACCINE RESOURCES

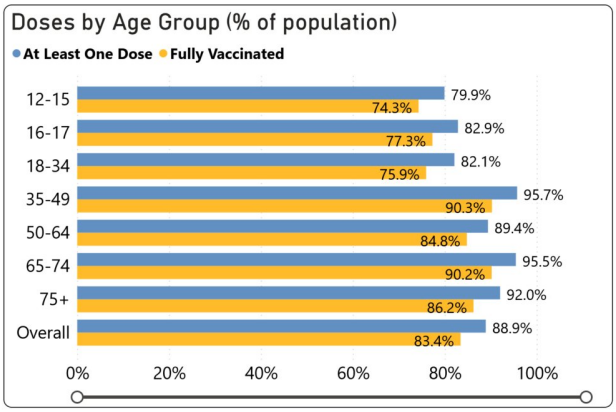
COVID DISPARITIES STUDIES AND DATA

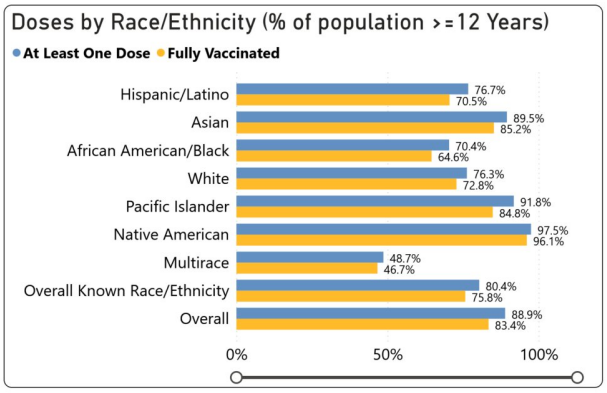
New COVID-19 cases by zip code and race/ethnicity from Alameda County for October 20-27, 2021 on the bar graph below shows that a majority of new cases were among Asian and Latinx residents (shown in light blue and dark purple bars) in the Union City, South Hayward, and Fremont (shown in rows). The charts below that show vaccination rates by age and race/ethnicity, demonstrating ongoing need to engage more young multiracial, African American and Latinx residents in vaccinations.

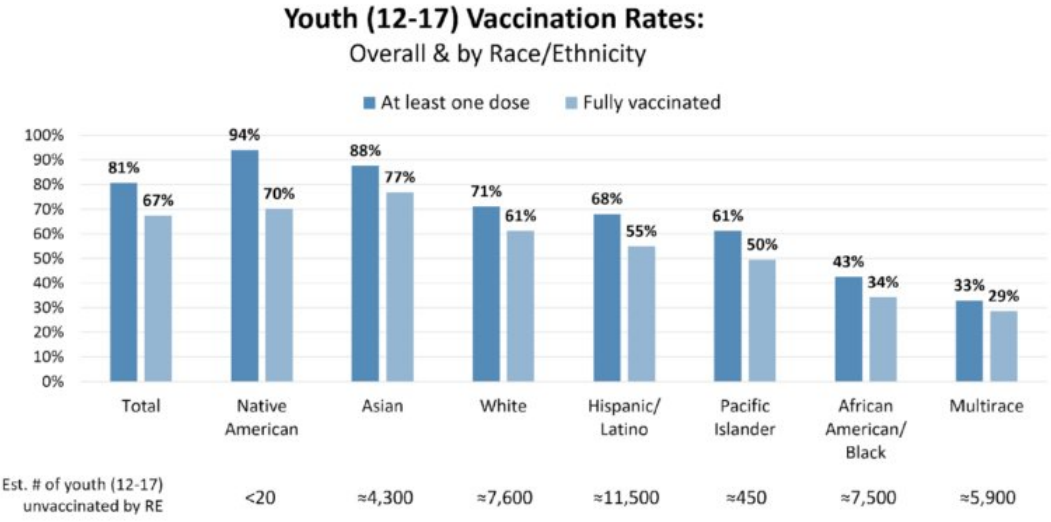




Alameda County vaccination rates by age and race/ethnicity as of 10/20/21 show that Alameda County resident under age 35 are less likely to be vaccinated compared to older residents. Multiracial, Black/African American and Latinx residents are less likely to have been vaccinated compared to White, API or Native American residents.







This graph shows vaccination rates among youth ages 12-17 from Alameda County, with the highest vaccination rates as of September 13, 2021 among Native American and Asian adolescents and the lowest vaccination rates among multiracial, Black, Pacific Islander and Latinx adolescents.

The latest **KFF COVID-19 Vaccine Monitor** survey found that most people in the US who got their first doses over the summer were motivated by the delta variant surge in cases, hospitalizations and deaths… followed by full FDA approval of the Pfizer vaccine and vaccine mandates. The largest increases were among younger Latinx adults, and now similar vaccination rates are seen across racial and ethnic groups (71% of White adults, 70% of Black adults, and 73% of Latinx adults). Disparities in vaccine uptake are mostly by partisanship, education level, age, and health insurance status. Among people who are unvaccinated, boosters are seen as a sign that the vaccines are not working, so we will need to explain the nuances of boosters and reassure people that the primary series still is highly effective against serious disease.

New vaccine equity guidance shared by the CDC HIV prevention division: Click to download

- COVID-19 Vaccine Equity: Best Practices for Community and Faith-based Organizations
- A Guide for Community Partners includes strategies, interventions, and ready-made messages and materials.
- Toolkit for Correctional and Detention Facilities

The SF Community Clinic Consortium developed this **HIV clinic reopening guidance document** which clinic teams might find helpful around specific considerations for PLWH.

Free COVID testing sites: Click here for Alameda County, Contra Costa County and Solano County testing sites.

HIV services during COVID-19: Click here for Contra Costa HIV services and see our online directory for Alameda County HIV services.

If your organization is in Alameda County and needs COVID-related supplies or staffing, please go to the Emergency Medical Services website to request PPE and testing supplies and request staffing.

Please follow and share our Instagram, Facebook and Twitter accounts.

A note about this webpage: COVID and HIV practice-changing updates will be posted on this page, with comprehensive updates posted monthly, usually on third Wednesdays. New studies will be continuously added to our summary of COVID-19 harm reduction strategies. The emailed HIV+COVID-19 update newsletters are sent monthly on third Wednesdays.

Official Alameda County COVID-19 updates are accessible on the county website. You can sign up to receive the Alameda County weekly COVID-19 newsletter by emailing Jamie.Yee@acgov.org.

CLICK HERE FOR ALAMEDA COUNTY WEEKLY NEWSLETTERS

TOP LINKS:

- **COVID Vaccines:** Alameda County, Contra Costa County, Solano County, California State, CA vaccine progress tracker
- **COVID Vaccine Myths and Facts and FAQs** in English, Español, 中文, and Arabic and **Questions & Answers**
- **COVID vaccine safety updates** (CDC)
- **COVID testing:** locations in the Bay Area; Alameda County, Contra Costa County, Solano County; CDC guidance on

home testing.

- **Phone numbers/Centro de llamadas**: Contra Costa County- (844) 729-8410, Solano County- 707-784-8988, Alameda County vaccine line in English, Spanish, Mandarin for those who cannot navigate the internet: 510-208-4VAX or 510-208-4829
- **COVID supports** (food, housing, stipends, etc.): Alameda County resources and ARCH isolation stipends, Contra Costa County, Solano County
- **Public Health Department updates:** Alameda County, Contra Costa County, Solano County, California State
- **COVID data:** Alameda County, Contra Costa County, Solano County, California State, California (SF Chronicle), US (CDC), US by race (CDC), National/Global (JHU). **Variants:** in the US (CDC) and in California.
- **COVID risk calculator**
- **Maximizing mask protection:** CDC guidance, EBGTZ mask videos, guidance and resources
- **COVID PPE, staffing or testing supplies:** Alameda County EMS- request PPE testing kits and suppplies.
- **HIV:** FAQs for people living with HIV (PLWH) and Preguntas Frecuentes in Spanish, Guidance for PLWH (CDC), Guidance for HIV providers (HIVMA), Vaccines for PLWH (HIVMA), UNAIDS infosheet on COVID-19 vaccines and HIV
- **HIV services during COVID-19**: Click here for Contra Costa HIV services, Alameda County HIV services, SF Community Clinic HIV clinic reopening guidance
- **Key Communities:** Harm Reduction Coalition, Immigrants Rising, Protecting Immigrant Families: Public Charge, Healthcare for the Homeless, COVID info in Asian languages

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COVID-19 TESTING

WHICH TEST? (BRIEF OVERVIEW)

- **If you have symptoms, it's best to get a PCR test to diagnose or rule-out COVID-19**, including if you are vaccinated and/or if you have a negative rapid antigen test. A PCR test will pick up low levels of virus. Rapid antigen tests can also be done to pick up high levels of virus. A positive rapid antigen test accurately diagnoses COVID-19 infection but a negative rapid antigen result does not rule it out, so it's important to wear masks and take precautions while waiting for the PCR test result.
- **If you are screening for infectiousness, a rapid antigen test can quickly identify infectiousness with high viral loads**, regardless of vaccinations status, including in people who haven't developed symptoms yet or who don't develop symptoms. Rapid antigen tests are useful for screening for infectiousness 3-5 days after an exposure and for screening every 3-7 days.

WHERE TO GET FREE COVID-19 TESTS IN THE EAST BAY

COVID testing is supposed to be available without cost to you. You don't need to have insurance or immigration papers. If you're worried about getting billed or don't have insurance or papers, we recommend getting tested at one of the county sites below. PCR tests using nose swab or using saliva (no swabs!) and rapid antigen tests are available.

- **SF Chronicle's map of Bay Area COVID testing sites** that don't require a doctor's referral.
- **Alameda County** free COVID testing sites: This webpage includes community-based sites offering free testing for anyone with symptoms, including people without health insurance.
- **Contra Costa County** free drive-through or walk-in COVID testing
- **Solano County** free testing sites
- **Home rapid antigen home testing is also available**: click to read more
- Please check the listing for updates and call the testing site before you leave to make sure they are open for testing, you are eligible, and register if needed.
- If you don't have a provider and have COVID symptoms: In Alameda County, call Alameda Health System 510-437-8500 for a phone screen and guidance. In Contra Costa County, call 844-729-8410. In Solano County, the county COVID warmline is 707-784-8988.
- If you're having difficulty breathing and unstable, please go to your nearest emergency room.


COVID-19 testing at the *Unidos en Salud* site in the Mission, SF. (Creative Commons, Konstantin 'KVentz' Ventslavovich, 2020)

Community pop-up testing and vaccination at Serenity House in Oakland, July 2021.

CLICK HERE FOR MORE DETAILS ABOUT HOME TESTING AND TESTING SCIENCE

COMMUNITY OPPORTUNITIES: JOBS, INTERNSHIPS, TRAININGS, EVENTS, RESOURCES

Updated October 21st, 2021

Job Opportunities:

RYSE seeks candidates with a passion for social justice and working with youth of color for the following openings: Member Engagement Coordinator; Music Production Coordinator; Video Production Coordinator; Youth Success Advocate; Career Pathways Coordinator; Clinical Supervisor; Restorative Practices Specialist, Development & Donor Engagement Associate

California Department of Public Health is seeking a Health Program Specialist I (HPS I) to coordinate a program providing testing supplies, training, and technical assistance to local health jurisdictions (LHJs) and community-based organizations (CBOs) to deliver integrated testing for HIV, hepatitis C, and/or syphilis. Learn more about the position here.

LifeLong Medical Care has an opportunity for a nurse to join their multidisciplinary team providing STI and HIV testing and treatment at the Oakland LGBTQ Center's Glenn Burke Wellness Clinic. Learn more about this position **here.**

The Native American Health Center is hiring 3 Evaluators based in Oakland. The position provides an opportunity for being a part of research efforts, doing innovative evaluation projects, and moving into program management if desired. Learn more **here.**

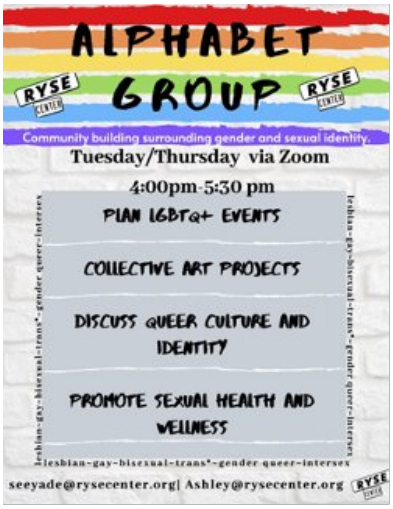
Internships, Scholarships, funding and more

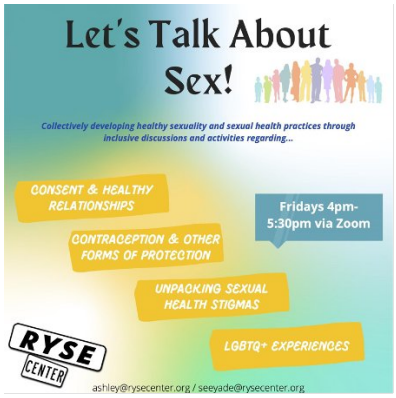
The California Epidemiologic Investigation Service (Cal-EIS) is a one- or two-year training program for health professionals who have at least a master's degree in a field related to public health. The mission of Cal-EIS is to prepare epidemiologists for public health leadership positions in California. Applications are due on 10/30. Learn more **here.**

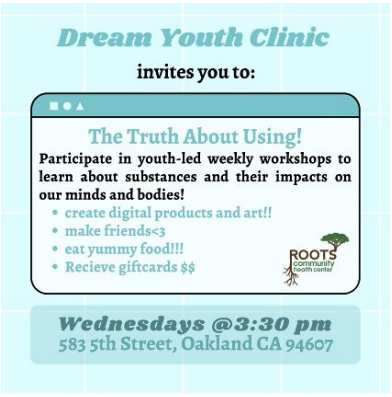
The **TransLatin@ Coalition** is currently accepting applications for a policy and advocacy intern, who will work directly with their Manager of Policy and Community Engagement. These internships are designed to give people the opportunity to work with a trans-led advocacy and service provider organization and gain experience in the non-profit sector. All are encouraged to apply and no previous experience is required. Learn more about

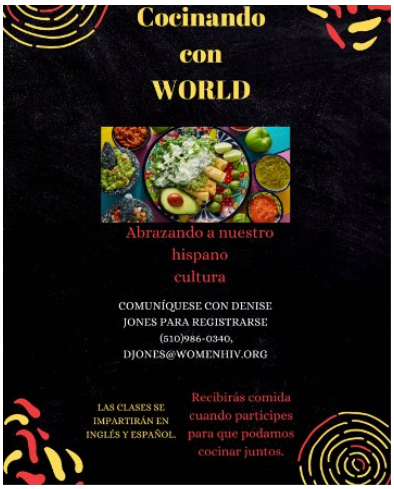
the opportunity here.

Heart 2 Heart's Health Advocate Program is a community based program in which community members, who are passionate about improving the health of their surrounding community, learn how to be a leader and advocate for change. This program is open to all, and sessions will be held virtually on Zoom. Learn more about the program and apply here.









PACIFIC CENTER FOR HUMAN GROWTH

LIVING FULLY WITH HIV

A Free 9-Week Process Group for Adults with HIV

Click here to apply

EVERY TUESDAY
OCTOBER 26 - DECEMBER 21, 2021 VIA ZOOM- 3:30-5:00 PM PST

Weekly themes related to HIV:
Embodying Intersectional identities, including race, gender, sexuality, age, ability, etc. - Living with Chronic Illness - Internalized HIV Shame & Stigma - Race, age, Income & Discrimination - Grief & Loss - Trauma & Abuse- Addiction and Recovery - Dating & Romance - COVID-19 (equity & access)

Group information:
Queer, Trans, Black, Indigenous, People of Color (QTBIPOC) are highly encouraged to attend. This is a free group and not a peer support or social gathering. We ask that members attend every meeting. We welcome those newly diagnosed, and long term survivors. This is a social justice space for us to explore our lived experiences related to race, sexuality, health and beyond.

Events:

10/27 at 7am: Investment and Engagement in HIV Cure Research: Looking Ahead. Join this webinar to discuss the state of global HIV cure investment and how Martin Delaney Collaboratory is making investments in cure research and working with communities. Learn more and register here.

Youth opportunities

Alphabet Group at RYSE Youth Center is an open program for youth ages 13-21. This group is a safe space for LGBTQ+ youth and Allies who live in Contra Costa County, Richmond/San Pablo or surrounding areas. Have questions or want to join? Email ashley@ryseyouthcenter.org or seeyade@rysecenter.org.

RYSE aims to provide a safe and positive space where youth and community members can comfortably learn about all aspects of sexuality and safe sex. "Let's Talk About Sex" takes place at RYSE Youth Center on Fridays from 4pm-5:30pm. Have questions or want to join?
Email **ashley@ryseyouthcenter.org** or **seeyade@rysecenter.org.**

Dream Youth Clinic will be hosting a series of Truth About Using workshops. Workshops are available in person (at Dream Youth Clinic) on Wednesdays at 3:30pm as well as virtual on Thursdays at 4:30pm. For more info, contact: elizabeth@rootsclinic.org or loata@rootsclinic.org

Dream Youth Clinic is holding a collaborative covid vaccination and rapid testing event with MISSSEY on Friday October 22, from 3pm-7pm. Youth ages 12-24 can receive a $50 gift card upon vaccination or $20 giftcard after taking a rapid covid test. Please spread the word within your organizations and to your youth! We will be having food, raffles, and games.

Resources for your clients

Oakland Resilient Families—one of the largest guaranteed income pilots in the country has announced the opening of their application for Phase 2. The application takes approximately 30-minutes to fill out. Applications are due on 11/9/21.
Selected applicants will receive $500 per month for 18 months. Learn more and apply **here**.

HOME is where the SWAB is: The Contra Costa Health Services HIV Prevention Program is offering free, no contact STI testing for Contra Costa residents aged 17 years old and older. They offer testing for HIV as well as gonorrhea and chlamydia in the throat, anus, vagina, and urethra. The process takes less than one hour and is designed to help slow the spread of COVID-19 by enabling our community members to safely test for STIs in the

comfort of their homes. To make an appointment call 925-313-6117 or email: prepme@cchealth.org

WORLD offers multiple support groups for women living with HIV, including a weekly group for all women, a monthly group specifically for transgender women, and groups held in Spanish. Grupo Unidad is a support group for women diagnosed with HIV where they can ask questions, share stories, and meet women with similar experiences.WORLD also offers a cooking class where participants can receive food that they cook during the class. The classes will be taught in English and Spanish. Call WORLD to learn more at **(510) 986- 0340**.

Project kINSHIP is a program that is working to increase access to HIV prevention services for women involved in the criminal legal system using a peer navigation program. Currently, they are seeking to recruit women to participate in a one-time interview that will last up to 30-45 minutes. Participants will be compensated up to $40 for their time. Those interested in participating can call 415-734-0150 or email Priyanka.Kulkarni2@ucsf.edu.

Living Fully with HIV is a recurring Ryan White funded group that meets weekly for 9 sessions via video/teleconferencing. The next session will begin on Tuesday, October 26 – December 21, 2021 (3:30 – 5:00 pm PST). To join or for more information please complete the **Living Fully With HIV questionnaire**.

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